

S. No. 2
M-8-43
5-17-39
K37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35945

State File No.

FILED OCT 24 1946
Registration District No. 372

Primary Registration District No. 4543

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Webster
(b) City or town Seymour Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster 1/2
(c) City or town Seymour
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME FRANK WATSON CANTRELL

3. (b) If veteran, name war..... 3. (c) Social Security No. 496-01-7956

4. Sex MO 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife.....
6. (c) Age of husband or wife if alive 26 years
7. Birth date of deceased September 16 1906
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
40 15 hr. min.

9. Birthplace Webster Co. (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business.....

MOTHER FATHER { 12. Name DBE CANTRELL
13. Birthplace Webster Co Missouri
(City, town, or county) (State or foreign country)
14. Maiden name MILVA JANE DANIALS
15. Birthplace Webster Co Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant GLADYS CANTRELL
(b) Address Seymour Missouri

17. (a) Burial (b) Date thereof Oct. 3 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Seymour Cemetery

18. (a) Signature of funeral director Wiley Terrell Bergman

(b) Address Seymour Missouri

19. (a) Oct 9-46 (b) Gilbert Jones
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 1
year 1946 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from Sept-1
1946 to Sept-30 1946
that I last saw him alive on Sept-30 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia
Due to Alcoholism

Duration

15 day

Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....
107

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?.....
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place)
(e) Means of injury 7

23. Signature J. R. Bee (M. D. or other) MO.
Address Seymour Mo. Date signed 10/2/46

343

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 6,

District File No. 1042-1062

Date Filed OCT 22 1946

SEP 20 1946

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,
working under my personal supervision.

Signed H. H. Kelley

Licensed Embalmer No. 3334

P. O. Address Fardland Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.